

# COMMUTER STUDENT FORM

Complete only if under age 20 or will have earned less than 56 credits by the first day of classes.

I, (Name) \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Number of credits earned by first day of classes \_\_\_\_\_

**WILL NOT BE LIVING IN A UW-SUPERIOR RESIDENCE HALL DURING THIS ACADEMIC YEAR, BUT WILL BE IN COMPLIANCE WITH THE BOARD OF REGENTS' HOUSING POLICY FOR THE REASON(S) INDICATED BELOW:**

- I am commuting from my parent's home **within the official commuter distance (35 miles of campus)**. Parent's signature below affirms that the student is residing in the parent's home and is commuting daily to classes at UW-Superior. **PARENT'S SIGNATURE MUST BE NOTARIZED.**  
Commuting Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date \_\_\_\_\_

- I am a veteran receiving VA educational benefits (may exclude reservists).
- I was married on: (Date) \_\_\_\_\_ (Include copy of marriage certificate)
- I am a single parent with child custody. (Include copy of birth certificate)

**I certify that I am aware of the Board of Regents' Housing Policy, am in compliance with it, and understand that falsification of university records is a violation of UW System Administrative Code Chapter 17.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Return to: University of Wisconsin-Superior, Residence Life Office, 1600 Catlin Avenue, Superior WI 54880*

## SIGNATURE WITNESS AFFIDAVIT (to be filled out by Notary Public only)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_  
signed the above document willingly and freely in my presence and that the signature is genuinely his/hers.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires (mm/dd/yyyy) \_\_\_\_\_